

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004866

FILED
Apr 22, 2005
Secretary of State

Entity Name: CHARLESTON/CASINO CENTER, LLC

Current Principal Place of Business:

10557 N.W. 53RD STREET
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

10557 N.W. 53RD STREET
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 20-1759006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDELMAN, LEONARD
10557 N.W. 53RD STREET
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: EDELMAN, LEONARD
Address: 10557 N.W. 53RD STREET
City-St-Zip: SUNRISE, FL 33351

Title: MGRM () Delete
Name: SCHEINHOLZ, ARTHUR
Address: 10557 N.W. 53RD STREET
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LEONARD EDELMAN

MGRM

04/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date